



**CITY OF LEWISTON
DEPARTMENT OF RECREATION
65 Central Ave., Lewiston, ME 513-3005**

www.lewistonmaine.gov / www.lewrec.blogspot.com



GYMNASTICS DIRECTOR/COACH: Dyane Jordan

Program Overview:

Classes begin **July 1 through July 24, 2014** Classes will operate Tuesdays and Thursdays for 4 weeks and is **limited to 10 participants in Tiny Tots & Accelerated, 18 in Beginners I & II, Register Early.** First come - First served. All participants must be registered in age appropriate session. Participant moving up is at the discretion of the Coach. **NO classes July 4th (Holiday). NO classes in August, classes will resume in September.**

QUESTIONS: Please contact the Department of Recreation at 513-3005

COST	WHO	AGE	TIME
\$45.00 Resident \$65.00 Non-Resident	Tiny Tots	3 ½ to 5 years old	3:30 pm to 4:15 pm Tues./Thurs.
\$45.00 Resident \$65.00 Non-Resident	Beginner I	6 to 8 years old	4:15 pm to 5:15 pm Tues./Thurs.
\$45.00 Resident \$65.00 Non-Resident	Beginner II	9 years old & up	5:15 pm to 6:15 pm Tues./Thurs.
\$65.00 Resident \$85.00 Non-Resident	SEASONAL RATE Pre TEAM	Per Coach	4:15 pm to 5:30 pm Tues./Thurs.
\$90.00 Resident \$110.00 Non-Resident	SEASONAL RATE TEAM	Per Coach	5:15 pm to 7:30 pm Tues./Thurs.

\$10.00 Administrative Fee is charged on refunds.

REGISTRATIONS TIMES: Prior to July 1st – Monday through Friday 8:00 am to 4:30 pm

WHERE: Department of Recreation Office, 65 Central Ave., Lewiston

Name: _____ **Age:** _____ **DOB:** _____ **Grade:** _____

Address: _____ **City:** _____ **School:** _____

Parent/Guardian: _____ **Home#:** _____ **Work#:** _____

Address: _____ **City:** _____ **Emergy. Tel:** _____

Doctor: _____ **Telephone:** _____ **Parent EMAIL:** _____

The person named herein has been granted permission to participate in the City of Lewiston Department of Recreation Gymnastics Program.

Signature of parent/guardian

Gymnastics Class _____ **Level** _____

Paid Credit Card - Check - Cash: _____ **Ck #:** _____ **Receipt #:** _____ **Date:** _____ **By:** _____

PLEASE READ AND SIGN THE BACK OF THIS SHEET

SPORTSMANSHIP*

As a spectator, I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice. I will remember that this is a children's program and coaches are volunteers. I will keep my cheering under control and on the positive side. I will show support for my child's accomplishments and I will never cheer another child's failure (such as an opponent missing a free throw). I will read the parent's Code of Conduct and I will abide by its rules. Any concerns I may have, I will bring to the Parent Representative or Director, or whomever is available, at the appropriate time.

As a player, I will practice good sportsmanship by being courteous to all players, coaches and officials. I will remember that my coach is a volunteer. I will support and encourage my teammates and I will never taunt or laugh at any player on the opposing team or my own. I will respect the referees' decisions and learn from it. I will read the player's Code of Conduct and abide by its rules. Any concerns I have I will discuss with my parents and the Parent Representative or Director, or whomever is available, at the appropriate time.

*Adapted from NYSCA

CITY OF LEWISTON RECREATION DEPARTMENT IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.

In the event that said minor is injured or becomes ill while participating in any special event, I hereby authorize whatever medical care and services necessary under the circumstances to correct the injury or treat the illness of said child. I understand that the program will attempt to notify me immediately through the telephone number I have provided.

Signature of Parent/Guardian

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AS PART OF THE PROGRAM & THAT PHOTO MAY BE PUBLISHED.

Some special medical conditions my child has that you should know about are:

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: THE CITY OF LEWISTON, ACTING THROUGH THE LEWISTON DEPARTMENT OF RECREATION, IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE LEWISTON RECREATION DEPARTMENT'S PROGRAMS FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE LEWISTON RECREATION DEPARTMENT, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation or the above named child participation (if said child is under 18 years of age), and on **behalf of myself and on behalf of the above named child if under 18 years of age, I hereby release** the City of Lewiston and covenant not-to-sue the City of Lewiston., and any of their employees, instructors, or agents, arising out of **any and all present and future claims resulting from any negligence on the part of the City of Lewiston and the Department of Recreation** or others listed for property damage, personal injury, or wrongful death, or however the same may occur. I hereby voluntarily waive any and all claims resulting from any negligence by the **Department of Recreation** and any of their employees, instructors, or agents, both present and future that may be made by me, my family, estate, heirs, devisees, or assigns.

Further, I am aware that this is a vigorous program involving cardiovascular stress and physical conduct. I understand that the program involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that equipment provided for my child's protection may be inadequate to prevent serious injury. I further understand that this program involves a particular high risk of knee, head, and neck injury. In addition, I understand that participation in the Lewiston Department of Recreation. programs involve activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am (or my child) voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless the City of Lewiston, Department of Recreation, and others listed of any and all claims arising as a result of my or the above named child engaging in or receiving instruction in programs or any activities incidental thereto, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by laws of the State of Maine and agree that if any portion is held valid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Maine.

I affirm that I or the parent and/or legal guardian of the above named child if the child is under 18 years of age am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of the Department of Recreation or any of the parties listed.

Signature of Parent/Guardian

Date

The City of Lewiston is an EOE. For more information, please visit our website @ www.lewistonmaine.gov click on Non-Discrimination Policy.